		FOR OHF USE					

LL1

2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0005363

Facility Name: Snyders-Vaughn Haven

Address: 135 S. Morgan Street (Number) Rushville (City) 62681 (Zip Code)

County: Schuyler

Telephone Number: (217) 322-3420 **Fax #** (217) 322-6537

IDPA ID Number: 370894651001

Date of Initial License for Current Owners: 1966

Type of Ownership:

	VOLUNTARY,NON-PROFIT	x	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		x	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Christine Hanover **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/01 to 12/31/01 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title) _____
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	49	Skilled (SNF)	49	17,885	1
2		Skilled Pediatric (SNF/PED)			2
3	50	Intermediate (ICF)	50	18,250	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	99	TOTALS	99	36,135	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,592	1,445	1,636	6,673	8
9	SNF/PED					9
10	ICF	13,944	7,500		21,444	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,536	8,945	1,636	28,117	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 77.81%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 1966

J. Was the facility purchased or leased after January 1, 1978?
YES [x] Date 1992 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 17 and days of care provided 1,636

Medicare Intermediary Mutual of Omaha

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/01 Fiscal Year: 12/31/01

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 1/1/01 **Ending:** 12/31/01

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	A. General Services											
1	Dietary	154,387	20,213	5,551	180,151		180,151	(1,085)	179,066			1
2	Food Purchase		131,245		131,245		131,245	(1,113)	130,132			2
3	Housekeeping	77,490	9,291	942	87,723		87,723		87,723			3
4	Laundry	33,471	18,521		51,992		51,992		51,992			4
5	Heat and Other Utilities			68,259	68,259		68,259		68,259			5
6	Maintenance	31,132	11,338	32,358	74,828		74,828		74,828			6
7	Other (specify):*											7
8	**TOTAL General Services**	296,480	190,608	107,110	594,198		594,198	(2,198)	592,000			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	746,059	12,119	2,543	760,721		760,721		760,721			10
10a	Therapy	22,037	352	87,980	110,369		110,369		110,369			10a
11	Activities	24,535	1,345	1,151	27,031		27,031		27,031			11
12	Social Services	23,378		3,520	26,898		26,898		26,898			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	816,009	13,816	95,194	925,019		925,019		925,019			16
	C. General Administration											
17	Administrative	152,158			152,158		152,158		152,158			17
18	Directors Fees											18
19	Professional Services			20,135	20,135		20,135		20,135			19
20	Dues, Fees, Subscriptions & Promotions			13,395	13,395		13,395	(100)	13,295			20
21	Clerical & General Office Expenses	56,160	8,079	24,999	89,238		89,238	(1,117)	88,121			21
22	Employee Benefits & Payroll Taxes			165,061	165,061		165,061		165,061			22
23	Inservice Training & Education			495	495		495		495			23
24	Travel and Seminar			623	623		623		623			24
25	Other Admin. Staff Transportation			4,721	4,721		4,721		4,721			25
26	Insurance-Prop.Liab.Malpractice			68,293	68,293		68,293		68,293			26
27	Other (specify):*											27
28	**TOTAL General Administration**	208,318	8,079	297,722	514,119		514,119	(1,217)	512,902			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	1,320,807	212,503	500,026	2,033,336		2,033,336	(3,415)	2,029,921			29

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.** **SEE ACCOUNTANTS' COMPILATION REPORT**

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Snyders-Vaughn Haven #0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7**	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			68,002	68,002		68,002	31,912	99,914			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			20,186	20,186		20,186	56,437	76,623			32
33	Real Estate Taxes			26,763	26,763		26,763		26,763			33
34	Rent-Facility & Grounds			216,000	216,000		216,000	(216,000)				34
35	Rent-Equipment & Vehicles			8,774	8,774		8,774		8,774			35
36	Other (specify):*											36
37	**TOTAL Ownership**			339,725	339,725		339,725	(127,651)	212,074			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		68,189	220	68,409		68,409		68,409			39
40	Barber and Beauty Shops			881	881		881	84	965			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			59,470	59,470		59,470		59,470			42
43	Other (specify):* **Nonallowable costs**			8,098	8,098		8,098	(8,098)				43
44	**TOTAL Special Cost Centers**		68,189	68,669	136,858		136,858	(8,014)	128,844			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	1,320,807	280,692	908,420	2,509,919		2,509,919	(139,080)	2,370,839			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,085)	1		4
5	Telephone, TV & Radio in Resident Rooms	(2,155)	43		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(1,341)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(3,811)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(1,132)	43		18
19	Entertainment				19
20	Contributions	(1,000)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(1,046)	21		28
29	Other-Attach Schedule See Schedule 5A	(1,200)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (12,770)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(126,310)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (126,310)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (139,080)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Snyder's Vaughn Haven, Inc.
ID # 0005363
1/1/01 - 12/31/01

Schedule 5A

Non-allowable Expenses	Amount	Reference
Barber/Beauty Offset	84	40
Vending Income Offset	(1,113)	2
Miscellaneous Income Offset	(71)	21
Non-allowable dues & subscriptions	(100)	20
	(1,200)	

See Accountants' Compilation Report

STATE OF ILLINOIS

Snyders-Vaughn Haven

ID# **0005363**

Report Period Beginning: **1/1/01**

Ending: **12/31/01**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23

24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	0		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 1/1/01 **Ending:** 12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	(1,085)	0	0	0	0	0	0	0	0	0	0	(1,085)	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	(1,085)	0	0	0	0	0	0	0	0	0	0	(1,085)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	(1,046)	0	0	0	0	0	0	0	0	0	0	(1,046)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(1,046)	0	0	0	0	0	0	0	0	0	0	(1,046)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(2,131)	0	0	0	0	0	0	0	0	0	0	(2,131)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 1/1/01 **Ending:** 12/31/01

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	0	31,912	0	0	0	0	0	0	0	0	0	31,912	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,341)	57,778	0	0	0	0	0	0	0	0	0	56,437	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	(216,000)	0	0	0	0	0	0	0	0	0	(216,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(1,341)	(126,310)	0	0	0	0	0	0	0	0	0	(127,651)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(8,098)	0	0	0	0	0	0	0	0	0	0	(8,098)	43
44	**TOTAL Special Cost Centers**	(8,098)	0	0	0	0	0	0	0	0	0	0	(8,098)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(11,570)	(126,310)	0	0	0	0	0	0	0	0	0	(137,880)	45

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
John R. Snyder	50.00%	Collinsville Care Center	Collinsville, IL	Snyder Properties	Rushville, IL	Lessor
Vaughn I. Snyder	50.00%					

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	30	Depreciation	$	Snyder Properties	100.00%	$ 31,912	$ 31,912	1
2	V	32	Interest		Snyder Properties	100.00%	57,778	57,778	2
3	V	34	Rent	216,000	Snyder Properties	100.00%		(216,000)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 216,000			$ 89,690	$ * (126,310)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	John R. Snyder	Administrator	Administrator	50.00%	None	50	80.00	Salary	$ 60,165	L17, C1	1
2	Vaughn I. Snyder	Officer	Accounting	50.00%	None	6	15.00	Salary	24,594	L17, C1	2
3	Dianne Snyder	COO	COO	0.00%	None	50	80.00	Salary	34,400	L17, C1	3
4	Aaron Snyder	Clerical	Clerical	0.00%	None	30	100.00	Salary	12,032	L21, C1	4
5	Edna Busen	Clerical	Clerical	0.00%	None	15	35.00	Salary	4,540	L21, C1	5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$ 135,731		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [x]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13					N/A					13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	Schuyler State Bank		X	Auto Loan	$600.00	1/24/00	$ 29,080	$ 19,807	1/24/05	0.0875	$ 1,918	1
2	First Bank		X	Mortgage	$13,445.00	11/01/95	1,133,854	832,326	11/07/2015	0.0894	57,778	2
3												3
4												4
5												5
	Working Capital											
6	Schuyler State Bank		X	Working Capital	None	8/01	300,000	245,462	8/02	0.0938	18,268	6
7												7
8												8
9	TOTAL Facility Related				$14,045.00		$ 1,462,934	$ 1,097,595			$ 77,964	9
	B. Non-Facility Related*											
10									Interest Income Offset		(1,341)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (1,341)	14
15	TOTALS (line 9+line14)						$ 1,462,934	$ 1,097,595			$ 76,623	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2000 report. *Important*, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		$ 30,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2000	$ 26,763	2
3. Under or (over) accrual (line 2 minus line 1).		$ (3,237)	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		$ 30,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 26,763	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1996	28,581	8
	1997	28,937	9
	1998	29,014	10
	1999	27,564	11
	2000	26,763	12

For accrual, used same as prior year.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2000	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Snyders-Vaughn Haven COUNTY Schuyler

FACILITY IDPH LICENSE NUMBER 0005363

CONTACT PERSON REGARDING THIS REPORT John R. Snyder

TELEPHONE 217-322-3201 FAX #: 217-322-6537

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	12-170-014-00	Nursing Home	$ 849.00	$ 849.00

2.	12-131-009-00	Nursing Home	$ 143.00	$ 143.00
3.	12-131-003-00	Nursing Home	$ 117.00	$ 117.00
4.	12-126-006-00	Nursing Home	$ 194.00	$ 194.00
5.	12-126-005-00	Nursing Home	$ 47.00	$ 47.00
6.	12-126-004-00	Nursing Home	$ 264.00	$ 264.00
7.	12-126-003-00	Nursing Home	$ 24,464.00	$ 24,464.00
8.	12-040-013-00	Nursing Home	$ 187.00	$ 187.00
9.	12-170-012-00	Nursing Home	$ 333.00	$ 333.00
10.	12-125-001-00	Nursing Home	$ 165.00	$ 165.00
		TOTALS	$ 26,763.00	$ 26,763.00

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 45,354 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [ ] (a) Own the Facility [x] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground
(such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.)
List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [x] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs: n/a
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care	215,000	1992	$ 41,500	1
2	Resident Care		1997	31,500	2
3	TOTALS	215,000		$ 73,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	99		1992		$ 1,276,487	$	40	$ 31,912	$ 31,912	$ 291,359	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Prior Years				173,475		Various			173,475	9
10	Drop Ceiling			1993	1,046	70	15	70		621	10
11	Alarm System			1996	9,173	917	10	917		5,961	11
12	Boiler			1996	2,242	224	10	224		1,232	12
13	Landscaping			1997	3,684	368	10	368		1,656	13
14	Roof			1997	3,427	343	10	343		1,543	14
15	Carpet			1997	3,080	308	10	308		1,386	15
16	Door			1997	4,494	449	10	449		2,021	16
17	Boiler			1997	503	50	10	50		225	17
18	A/C - Compressor			1997	839	84	10	84		378	18
19	Boiler			1999	2,840	284	10	284		710	19
20	Air Conditioner			1999	3,500	350	10	350		875	20
21	Fire Alarm System			1999	55,739	5,574	10	5,574		13,935	21
22	Parking Lot			1999	55,214	5,521	10	5,521		13,911	22
23	Landscaping			2000	23,959	2,396	10	2,396		3,594	23
24	Fire Alarm System			2000	7,032	704	10	704		1,056	24
25	Concrete Sidewalks and Drive			2000	3,379	338	10	338		507	25
26	Landscaping			2000	1,079	108	10	108		162	26
27	Concrete Sidewalks and Drive			2000	535	54	10	54		81	27
28	Plumbing Improvements			2000	2,257	226	10	226		339	28
29	Wall Coverings			2000	2,870	286	10	286		429	29
30	Electrical Improvements			2000	1,243	124	10	124		186	30
31	Door Frame			2000	791	80	10	80		120	31
32	Water Softner			2001	6,543	327	10	327		327	32
33	Landscaping			2001	1,804	90	10	90		90	33
34	Roofing			2001	2,934	147	10	147		147	34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 1,650,169	$ 19,422		$ 51,334	$ 31,912	$ 516,326	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 268,555	$ 40,083	$ 40,083	$	5-10 years	$ 208,384	71
72	Current Year Purchases	11,228	561	561	(0)	10 Years	561	72
73	Fully Depreciated Assets	443,471				Various	443,471	73
74								74
75	TOTALS	$ 723,254	$ 40,644	$ 40,644	$ (0)		$ 652,416	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Maintenance & Staff	1990 Van	1991	$ 8,633	$	$	$	5	$ 8,633	76
77	Maintenance	1995 Dodge Truck	1996	11,665				5	11,665	77
78	Administrative	1997 Plymouth Neon	1997	7,461	1,492	1,492		5	6,714	78
79	Maintenance	2000 Dodge Ram Quad Cab	2000	32,223	6,444	6,444		5	9,666	79
80	TOTALS			$ 59,982	$ 7,936	$ 7,936	$		$ 36,678	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 2,506,405	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 68,002	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 99,914	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 31,912	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,205,420	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

10. Effective dates of current rental agreement:
Beginning
Ending

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2002	$
13.	/2003	$
14.	/2004	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☒ N/A ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 8,774 Description: Copy Machine $7,075, Ice Machine $836, Dishwasher $ 863
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18		N/A			18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [ ] YES [X] NO

It is the policy of this facility to only hire certified nurses aides

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L10a, C3	hrs	$	1,026	$ 30,794	$	1,026	$ 30,794	1
2	Licensed Speech and Language Development Therapist	L10a, C3	hrs		381	11,440		381	11,440	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L10a, C2-3	hrs		1,236	45,746	352	1,236	46,098	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39, C2	# of prescrpts				39,617		39,617	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	L39, C2					25,324		25,324	12
13	Other (specify): See Schedule 16A					220	3,248		3,468	13
14	TOTAL			$	2,643	$ 88,200	$ 68,541	2,643	$ 156,741	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Snyder's Vaughn Haven, Inc.
ID # 0005363
1/1/01 - 12/31/01

Schedule 16 A

XIV. Special Services

		1	2	3	4	5	6	7	8
		Schedule V	Staff		Outside Practitioner				
	Service	Line & Column Reference	Units of Service	Cost	Units of Service	Cost	Supplies	Total Units	Total Cost
13 A.	Respiratory Therapy	L39, C3				220			220
13 B.	Laboratory	L39, C2					3,248		3,248
	TOTAL to page 16					**220**	**3,248**		**3,468**

See Accountants' Compilation Report

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/01 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 593,477	$ 593,477	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance None)	975,944	975,944	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,924	21,924	6
7	Other Prepaid Expenses	8,516	8,516	7
8	Accounts Receivable (owners or related parties)	46,761	46,761	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,646,622	$ 1,646,622	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		73,000	13
14	Buildings, at Historical Cost	372,105	1,650,169	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	785,592	783,236	16
17	Accumulated Depreciation (book methods)	(950,971)	(1,205,420)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 206,726	$ 1,300,985	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,853,348	$ 2,947,607	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 351,781	$ 351,781	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	36,564	36,564	30
31	Accrued Taxes Payable (excluding real estate taxes)	470	470	31
32	Accrued Real Estate Taxes(Sch.IX-B)	30,000	30,000	32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Expenses	60,473	60,473	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 479,288	$ 479,288	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	265,269	265,269	39
40	Mortgage Payable		832,326	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 265,269	$ 1,097,595	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 744,557	$ 1,576,883	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,108,791	$ 1,370,724	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 1,853,348	$ 2,947,607	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 926,519	1
2	Restatements (describe):		2
3			3
4	**Prior Period Adjustments**	76,375	4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,002,894	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	105,897	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 105,897	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 1,108,791	24 *

Operating entity only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 2,446,470	1
2	Discounts and Allowances for all Levels	41,638	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 2,488,108	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	160,542	6
7	Oxygen	248	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 160,790	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	(84)	13
14	Non-Patient Meals	1,085	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	35,481	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,287	19
20	Radiology and X-Ray		20
21	Other Medical Services	42,466	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 82,235	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	(116,501)	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ (116,501)	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Vending Income**	1,113	28
28a	**Miscellaneous Income**	71	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,184	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 2,615,816	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	594,198	31
32	Health Care	925,019	32
33	General Administration	514,119	33
	B. Capital Expense		
34	Ownership	339,725	34
	C. Ancillary Expense		
35	Special Cost Centers	77,388	35
36	Provider Participation Fee	59,470	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 2,509,919	40
41	**Income before Income Taxes (line 30 minus line 40)****	105,897	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 105,897	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation.**
This entity is a cash basis tax payer.

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,080	2,128	$ 45,273	$ 21.27	1
2	Assistant Director of Nursing					2
3	Registered Nurses	4,115	4,288	62,026	14.47	3
4	Licensed Practical Nurses	17,454	18,658	233,219	12.50	4
5	Nurse Aides & Orderlies	53,120	54,362	405,541	7.46	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,101	1,105	22,037	19.94	8
9	Activity Director	1,672	1,788	12,555	7.02	9
10	Activity Assistants	1,876	1,998	11,980	6.00	10
11	Social Service Workers	2,935	3,137	23,378	7.45	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,128	22,685	10.66	13
14	Head Cook	7,818	8,021	56,940	7.10	14
15	Cook Helpers/Assistants	10,954	11,495	74,762	6.50	15
16	Dishwashers					16
17	Maintenance Workers	3,743	4,082	31,132	7.63	17
18	Housekeepers	11,250	11,887	77,490	6.52	18
19	Laundry	5,048	5,509	33,471	6.08	19
20	Administrator	2,080	2,128	60,165	28.27	20
21	Assistant Administrator	2,080	2,128	32,999	15.51	21
22	Other Administrative	4,160	4,256	58,994	13.86	22
23	Office Manager					23
24	Clerical	6,157	6,310	56,160	8.90	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	139,723	145,408	$ 1,320,807 *	$ 9.08	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	132	$ 5,551	L1, C3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	2,103	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	1,151	L11, C3	44
45	Social Service Consultant	88	3,520	L12, C3	45
46	Other(specify)				46
47	Lab Consultant	Monthly	440	L10, C3	47
48					48
49	TOTAL (lines 35 - 48)	220	$ 12,765		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses		N/A		51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
John R. Snyder	Administrator	50.00%	$ 60,165
David Grate	Asst. Administrator	0.00%	32,999
Vaughn Snyder	Accounting	50.00%	24,594
Dianne Snyder	COO	0.00%	34,400
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 152,158

B. Administrative - Other

Description	Amount
	$
N/A	
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Altschuler, Melvoin & Glasser LLP	Accounting	$ 9,724
American Express Tax & Bus. Svcs.	Accounting	6,052
Rushville State Bank	Accounting	2
Duane, Morris & Heckscher LLP	Legal	3,164
Saunders, Humphrey & Johnson LL	Legal	20
GE Global Exchange Services	Software Services	143
Personnel Planners, Inc.	Employment Services	1,030
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 20,135

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 16,146
Unemployment Compensation Insurance	11,130
FICA Taxes	100,743
Employee Health Insurance	37,042
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
TOTAL (agree to Schedule V, line 22, col.8)	$ 165,061

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 200
Advertising: Employee Recruitment	3,909
Health Care Worker Background Check	168
(Indicate # of checks performed 14)	
Various Licenses	399
Illinois Health Care Association	5,309
Illinois Nursing Home Administrators Assn.	450
Various Dues	1,865
Various Subscriptions	995
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 13,295

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	623
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 623

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 Report Period Beginning: 1/1/01 Ending: 12/31/01

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9							N/A						
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Snyders-Vaughn Haven # 0005363 **Report Period Beginning:** 1/1/01 **Ending:** 12/31/01

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Illinois Health Care Association $5,309 & Illinois Nursing Home Administrators Association $450**

(3) Did the nursing home make political contributions or payments to a politica action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **6,940** Line **10**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **n/a**

(9) Are you presently operating under a sublease agreement? YES **x** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **x** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
n/a

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **59,470**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **No** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **0** Has any meal income been offset against related costs? **Yes** Indicate the amount. $ **1,085**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **0**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **n/a**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **n/a**

(17) Has an audit been performed by an independent certified public accounting firm? **No**
Firm Name: **n/a** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **n/a** If no, please explain. **n/a**

(18) Have all costs which do not relate to the provision of long term care been adjusted ou out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Snyder's Vaughn Haven, Inc.
ID # 0005363
1/1/01 - 12/31/01

Summary of Auto & Transportation Expense

Description	Amount
Plant & Maintenance Mileage Reimbursement	669
Administration Auto Expense	4,029
Administration Mileage Reimbursement	23
Total	4,721

See Accountants' Compilation Report

	Salaries	Supplies	Other	Total	Reclass-ifications	Reclassified Total	Adjustmen	Adjusted Total
1. Dietary	154,387	20,213	5,551	180,151	0	180,151	-1,085	179,066
2. Food Purchase	0	131,245	0	131,245	0	131,245	-1,113	130,132
3. Housekeeping	77,490	9,291	942	87,723	0	87,723	0	87,723
4. Laundry	33,471	18,521	0	51,992	0	51,992	0	51,992
5. Heat and Other Utilities	0	0	68,259	68,259	0	68,259	0	68,259
6. Maintenance	31,132	11,338	32,358	74,828	0	74,828	0	74,828
7. Other (specify)*	0	0	0	0	0	0	0	0
8. Total General Services	296,480	190,608	107,110	594,198	0	594,198	-2,198	592,000
9. Medical Director	0	0	0	0	0	0	0	0
10. Nursing & Medical Records	746,059	12,119	2,543	760,721	0	760,721	0	760,721
10a. Therapy	22,037	352	87,980	110,369	0	110,369	0	110,369
11. Activities	24,535	1,345	1,151	27,031	0	27,031	0	27,031
12. Social Services	23,378	0	3,520	26,898	0	26,898	0	26,898
13. Nurse Aide Training	0	0	0	0	0	0	0	0
14. Program Transportation	0	0	0	0	0	0	0	0
15. Other (specify)*	0	0	0	0	0	0	0	0
16. Total Health Care & Programs	816,009	13,816	95,194	925,019	0	925,019	0	925,019
17. Administrative	152,158	0	0	152,158	0	152,158	0	152,158
18. Directors Fees	0	0	0	0	0	0	0	0
19. Professional Services	0	0	20,135	20,135	0	20,135	0	20,135
20. Fees, Subscriptions & Promotion	0	0	13,395	13,395	0	13,395	-100	13,295
21. Clerical & General Office	56,160	8,079	24,999	89,238	0	89,238	-1,117	88,121
22. Employee Benefits & Payroll	0	0	165,061	165,061	0	165,061	0	165,061
23. Inservice Training & Education	0	0	495	495	0	495	0	495
24. Travel and Seminar	0	0	623	623	0	623	0	623
25. Other Admin. Staff Trans	0	0	4,721	4,721	0	4,721	0	4,721

26.	Insurance-Prop.Liab.Malpractice	0	0	68,293	68,293	0	68,293	0	68,293
27.	Other (specify)*	0	0	0	0	0	0	0	0
28.	Total General Adminis	208,318	8,079	297,722	514,119	0	514,119	-1,217	512,902
29.	Total General Administrative	1,320,807	212,503	500,026	2,033,336	0	2,033,336	-3,415	2,029,921
30.	Depreciation	0	0	68,002	68,002	0	68,002	31,912	99,914
31.	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0
32.	Interest	0	0	20,186	20,186	0	20,186	56,437	76,623
33.	Real Estate	0	0	26,763	26,763	0	26,763	0	26,763
34.	Rent - Facility & Grounds	0	0	216,000	216,000	0	216,000	-216,000	0
35.	Rent - Equipment & Vehicles	0	0	8,774	8,774	0	8,774	0	8,774
36.	Other (specify):*	0	0	0	0	0	0	0	0
37.	Total Ownership	0	0	339,725	339,725	0	339,725	-127,651	212,074
38.	Medically Necessary T	0	0	0	0	0	0	0	0
39.	Ancillary Service Cent	0	68,189	220	68,409	0	68,409	0	68,409
40.	Barber and Beauty Shop	0	0	881	881	0	881	84	965
41.	Coffee and Gift Shops	0	0	0	0	0	0	0	0
42		0	0	59,470	59,470	0	59,470	0	59,470
43.	Other (specify):*	0	0	8,098	8,098	0	8,098	-8,098	0
44.	Total Special Cost Ce	0	68,189	68,669	136,858	0	136,858	-8,014	128,844
45.	Grand Total	1,320,807	280,692	908,420	2,509,919	0	2,509,919	-139,080	2,370,839

	Operating	After Consolidation
General Service Cost Center		
1. Cash on hand and in banks	593,477	593,477
2. Cash - Patient Deposits	0	0
3. Accounts & Notes Recievable	975,944	975,944
4. Supply Inventory	0	0
5. Short-Term Investments	0	0
6. Prepaid Insurance	21,924	21,924
7. Other Prepaid Expenses	8,516	8,516
8. Accounts Receivable-Owner/Related Part	46,761	46,761
9. Other (specify):	0	0
10. Total current assets	1,646,622	1,646,622
LONG TERM ASSETS		
11. Long-Term Notes Receivable	0	0
12. Long-Term Investments	0	0
13. Land	0	73,000
14. Buildings, at Historical Cost	372,105	1,650,169
15. Leasehold Improvements, Historical Cost	0	0
16. Equipment, at Historical Cost	785,592	783,236
17. Accumulated Depreciation (book method	-950,971	-1,205,420
18. Deferred Charges	0	0
19. Organization & Pre-Operating Costs	0	0
20. Accum Amort - Org/Pre-Op Costs	0	0
21. Restricted Funds	0	0
22. Other Long-Term Assets (specify):	0	0
23. other (specify):	0	0
24. Total Long-Term Assets	206,726	1,300,985
25. Total Assets	1,853,348	2,947,607
CURRENT LIABILITIES		
26. Accounts Payable	351,781	351,781

27. Officer's Accounts Payable	0	0
28. Accounts Payable-Patients Deposits	0	0
29. Short-Term Notes Payable	0	0
30. Accrued Salaries Payable	36,564	36,564
31. Accrued Taxes Payable	470	470
32. Accrued Real Estate Taxes	30,000	30,000
33. Accrued Interest Payable	0	0
34. Deferred Compensation	0	0
35. Federal and State Income Taxes	0	0
36. Other Current Liabilities (specify):	60,473	60,473
37. Other Current Liabilities (specify):	0	0
38. Total Current Liabilities	479,288	479,288
LONG TERM LIABILITES		
39.Long-Term Notes Payable	265,269	265,269
40.Mortgage Payable	0	832,326
41.Bonds Payable	0	0
42.Deferred Compensation	0	0
43.Other Long-Term Liabilities (specify):	0	0
44.Other Long-Term Liabilities (specify):	0	0
45.Total Long-Term Liabilities	265,269	1,097,595
46.Total Liabilities	744,557	1,576,883
47.Total Equity	1,108,791	1,370,724
48.Total Liabilities and Equity	1,853,348	2,947,607

	Balance per Medicaid Trial Balance
1. Gross Revenue - All levels of Care	2,446,470
2. Discounts and Allowances for all Levels	41,638
Subtotal - Inpatient Care	2,488,108
4. Day Care	0
5. Other Care for Outpatients	0
6. Therapy	160,542
7. Oxygen	248
Subtotal - Anciliary Revenue	160,790
9. Payments for Education	0
10. Other Governmental Grants	0
11. Nurses Aide Training Reimbursements	0
12. Gift and Coffee Shop	0
13. Barber and Beauty Care	-84
14. Non-Patient Meals	1,085
15. Telephone, Television, and Radio	0
16. Rental of Facility Space	0
17. Sale of Drugs	35,481
18. Sale of Supplies to Non-Patients	0
19. Laboratory	3,287
20. Radiologyand X-Ray	0
21. Other Medical Services	42,466
22. Laundry	0
Subtotal - Other Operating Revenue	82,235
24. Contributions	0
25. Interest and Other Investments Income	-116,501

Subtotal - Non-Operating Revenue	-116,501
27. Other Revenue (specify):	1,184
28. Other Revenue (specify):	0
Subtotal - Other Revenue	1,184
30. Total Revenue	2,615,816
31. General Services	594,198
32. Health Care	925,019
33. General Administration	514,119
34. Ownership	339,725
35. Special Cost Centers	77,388
35. Provider Participation Fee	59,470
37. Other	0
40. Total Expenses	2,509,919
41. Income Before Income Taxes	105,897
42. Income Taxes	0
43. Net Income or Loss for the Year	105,897
43.Other Long-Term Liabilities (specify):	0
44.Other Long-Term Liabilities (specify):	0
45.Total Long-Term Liabilities	265,269
46.Total Liabilities	744,557
47.Total Equity	1,102,032
48.Total Liabilities and Equity	1,846,589

Page

1

2
3
4
5
6
7
8
9
10 Attachment of Real Estate Bill and fill out form

11
12 P12 does not show totals, it carries to P12a, therefore P12a must always be attached
13
14
15
16
17
18
19 The bottom right side of page under **, you must write in any comments
20
21
22
23

RECONCILIATION REPORT **Snyders-Vaughn Haven** **04:11 PM** **11/07/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CELL
Adjustment Detail	-139,080	equal to	-139,080	0	O.K.	Pg5 Z22
Interest Expense	76,623	equal to	76,623	0	O.K.	Pg9 P34
Real Estate Tax Expenses	26,763	equal to	26,763	0	O.K.	Pg10 W24
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33
Ownership Costs-Depreciation	99,914	equal to	99,914	0	FAILED	Pg13 Y28
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22
Rental Costs B	8,774	equal to	8,774	0	O.K.	Pg14 J30+N40
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36
Special Serv.- Staff Wages		equal to		0	O.K.	Pg16 N32
Therapy Services	88,332	equal to	110,369	-22,037	FAILED	Pg16 Z12+Z14..Z16 & Pg 20 X17..X20
Special Serv.- Supplies	68,541	equal to	68,541	0	O.K.	Pg16 V32
Income Stat. General Serv.	594,198	equal to	594,198	0	O.K.	Pg19 P11
Income Stat. Health Care	925,019	equal to	925,019	0	O.K.	Pg19 P12
Income Stat. Admininstation	514,119	equal to	514,119	0	O.K.	Pg19 P13
Income Stat. Ownership	339,725	equal to	339,725	0	O.K.	Pg19 P15
Income Stat. Special Cost Ctr	77,388	equal to	77,388	0	O.K.	Pg19 P17
Income Stat. Prov. Partic.	59,470	equal to	59,470	0	O.K.	Pg19 P18
Staff- Nursing	746,059	equal to	746,059	0	O.K.	Pg20 K11..K15+K35+K36+K38..K44
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16
Staff-Licensed Therapist	0	equal to		0	O.K.	Pg20 K17
Staff- Activities	24,535	equal to	24,535	0	O.K.	Pg20 K19+K20
Staff- Social Serv. Workers	23,378	equal to	23,378	0	O.K.	Pg20 K21
Staff- Dietary	154,387	equal to	154,387	0	O.K.	Pg20 K22..K26
Staff- Maintenance	31,132	equal to	31,132	0	O.K.	Pg20 K27
Staff- Housekeeping	77,490	equal to	77,490	0	O.K.	Pg20 K28
Staff- Laundry	33,471	equal to	33,471	0	O.K.	Pg20 K29
Staff- Administrative	152,158	equal to	152,158	0	O.K.	Pg20 K30..K32

Staff- Clerical	56,160	equal to	56,160	0	O.K.	Pg20 K33..K34
Staff- Medical Director	0	equal to		0	O.K.	Pg20 K37
Total Salaries And Wages	1,320,807	equal to	1,320,807	0	O.K.	Pg20 K44
Dietary Consultant	5,551	< or = to	5,551	0	O.K.	Pg20 X12
Medical Director	0	< or = to		0	O.K.	Pg20 X13
Consultants & contractors	2,103	< or = to	2,543	-440	O.K.	Pg20 X14..X16+X37..X39
Activity Consultant	1,151	< or = to	1,151	0	O.K.	Pg20 X21
Social Service Consultant	3,520	< or = to	3,520	0	O.K.	Pg20 X22
Supp. Sched.- Admin. Salar.	152,158	equal to	152,158	0	O.K.	Pg21 I16
Supp. Sched.- Admin. Other		equal to		0	O.K.	Pg21 I24
Supp. Sched.- Prof. Serv.	20,135	equal to	20,135	0	O.K.	Pg21 I41
Supp. Sched.- Benefit/Taxes	165,061	equal to	165,061	0	O.K.	Pg21 P22
Supp. Sched.- Sched of dues..	13,295	equal to	13,295	0	O.K.	Pg21 V22
Supp. Sched.- Sched. of trav	623	equal to	623	0	O.K.	Pg21 V41
Gen. Info - Particip. Fees	59,470	equal to	59,470	0	O.K.	Pg23 I38
Gen. Info - Employee Meals	0	< or = to		0	O.K.	Pg23 S16
Gen. Info - Employee Meals	0	equal to	0	0	O.K.	Pg23 S16
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31
Days of medicare provided	1,636	equal to	1,636	0	O.K.	Pg2 AB29
Adjustment for related org. costs	-126,310	equal to	-126,310	0	O.K.	Pg5 Z18
Total loan balance	1,097,595	equal to	1,097,595	0	O.K.	Pg9 L34
Real estate tax accrual	30,000	equal to	30,000	0	O.K.	Pg10 W15
Land	73,000	equal to	73,000	0	O.K.	Pg11 T43
Building cost	1,650,169	equal to	1,650,169	0	O.K.	Pg12 to 12I L43
Equipment and vehicle cost	783,236	equal to	783,236	0	O.K.	Pg13 O22+L13
Accumulated depr.	1,205,420	equal to	1,205,420	0	O.K.	Pg13 Y30
End of year equity	1,108,791	equal to	1,108,791	0	O.K.	Pg18 I33
Net income (loss)	105,897	equal to	105,897	0	O.K.	Pg18 I15
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..S31
Balance Sheet	1,853,348	equal to	1,853,348	0	O.K.	Pg17:H41